



CERTIFICATE OF INSURANCE COVERAGE

December 2018

(This is a MANDATORY FORM that must be completed in order to book any Municipal facility; NO OTHER FORM will be accepted)

Name of Insured:
Address of Insured:
Telephone Number:
Postal Code:
Email Address:

GENERAL LIABILITY INSURANCE COVERAGE
(Coverage only accepted by Insurers who are licensed in Ontario and governed by FSCO)

Name of Insurance Company:
Policy Number:
Effective from (MM/DD/YY):
Expiry (MM/DD/YY):
Description of Activity/Event/Use:
Location(s) and/or Name of Facility:
Start Date (including set-up if any):
End Date (include tear down if any):

This is to certify the above Named Insured holds insurance coverage for the above activity as follows (check applicable boxes):

Commercial General Liability Limit per Occurrence; \$2,000,000 \$5,000,000 \$10,000,000
(Indicate Limit as required by the Town of Caledon)

Aggregate Limit: \$

Coverage Above Includes:

- Third Party Bodily Injury and Property Damage
Products & Completed Operations
Cross Liability/Severability of Interests Clause
Employees &/or Volunteers added as Additional Insureds

Answer below, ONLY if applicable:

- If Event includes Sport Activity - Bodily Injury to Participant
- Participant to Participant
If Event includes Vendors - Independent Blanket Vendor coverage
If Event includes the serving of Alcohol - Liquor Liability

It is understood and agreed that this policy includes ADDITIONAL INSUREDs with respect to the liability arising out of the operations of the Named Insured as follows; 1) The Corporation of the Town of Caledon, its employees, Elected Officials, and authorized agents. 2) Other Additional Insureds - The Albion & Bolton Agricultural Society. 3) The policy contains a waiver of subrogation in the favor of the Town of Caledon; 4) It is warranted that Named Insured is/are solely responsible for any deductible(s) or Self-insured Retention(s) within the Insurance indicated above.

NOTE Additional insurance coverage may be required if any of the above boxes indicate "No".

This is to certify that the policy or certificate (including endorsements) of insurance, as described above, has been issued by the insurer and/or undersigned to the Named Insured above and is in full force at this time. If cancelled or changed in any manner, for any reason, during the period of coverage as stated herein so as to affect this certificate, fifteen (15) days prior written notice will be given by this insurance company to: Town of Caledon, Attention: Risk Management Division, 6311 Old Church Road, Caledon, ON L7C 1J6

Dated this Day of, 20 at, Canada
Authorized Representative:

(Signature & Stamp of Insurer or Authorized Broker)

Name of Broker:

Address of Broker: Prov.: Postal Code: